MEDICAL

From: _____

Date: _____/_____/_____

Patient: _____

Date of Birth: _____/_____/_____

Organization File No _____

Medical Z File No. _____

Measured By _____ / _____

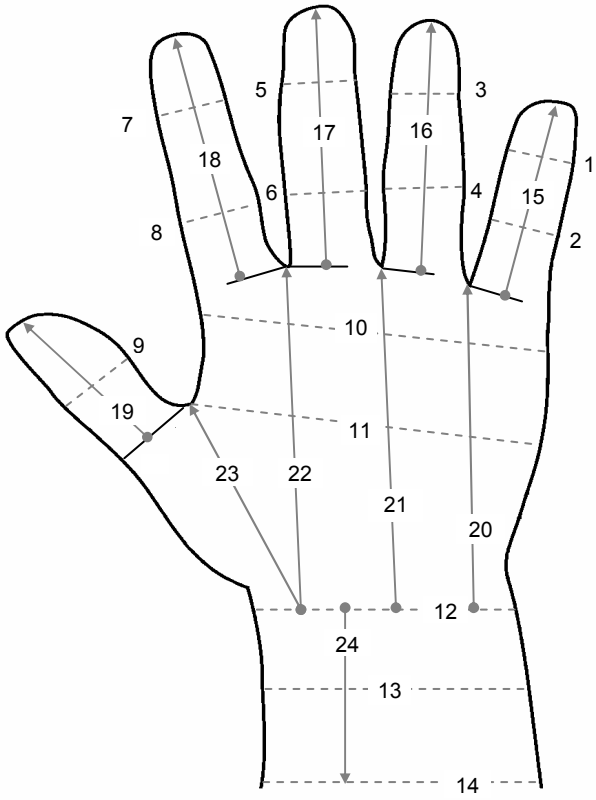
Comments: _____

Circumferences

	Right	Left
1. Little Finger DIP		
2. Little Finger PIP		
3. Ring Finger DIP		
4. Ring Finger PIP		
5. Middle Finger DIP		
6. Middle Finger PIP		
7. Index Finger DIP		
8. Index Finger PIP		
9. Thumb		
10. MCPs		
11. Palm		
12. Wrist		
13. Between Wrist & End of Wrist Band		
14. End of Wrist Band *(< or = to 5.0cm)*		

Style

	Right	Left
Gauntlet		
Glove, Open Tips		
Glove, Closed Tips		
Standard Web Design		
Slanted Web Spaces		
Slant. Webs w/Pockets		



	Coolmax
	Reg. Fabric

Lengths

Right	Left	
		15. Web to End of Little Finger
		16. Web to End of Ring Finger
		17. Web to End of Middle Finger
		18. Web to End of Index Finger
		19. Web to End of Thumb
		20. Wrist to Web Between Little & Ring
		21. Wrist to Web Between Ring and Middle
		22. Wrist to Web of Middle & Index
		23. Wrist to Web of Index & Thumb
		24. From Wrist to End of Wrist Band

Options

Right	Left	
		Color

Right	Left	**Zipper Location**
		Dorsal
		Palmar
		Radial
		Ulnar

Right	Left	
		Attached Glove/Gauntlet to Sleeve
		Attached Glove/Gauntlet to Forearm Sleeve

Right	Left	
		Medical "Z Grip"